

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**0 / 527535**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0	0				
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
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96						
97						
98						
99						
100						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	45	↖		↖		↖
TOTAL CLAIMS	50					

Best Available Copy